



MALAWI CONFEDERATION OF CHAMBERS OF COMMERCE AND INDUSTRY

TENANCY APPLICATION FORM

A. DETAILS OF BUSINESS

Registered Business Name:

Date of Registration: Registration No:

Attach copy of Registration Certificate

Postal Address:

E-mail address:

Type of Business:

Purpose of Business Place (Selling or Office):

Tax Payer Identification No (TPIN) Attach Copy:

B. DETAILS OF KEY CUSTOMERS

Name of Customer	Volume of Business (% of Turnover)	Contact person

C. BUSINESS CAPACITY TO PAY RENTALS

Capital employed:

Expected Monthly Sales:

Attach bank Statement for the previous 3 months

If you are a startup, please provide your business plan complete with project financials

D. DETAILS OF PREVIOUS LANDLORDS

Name: Contact Person:

Address: e-mail:

Telephone:

Reason for leaving the property:

Name: Contact Person:

Address: e-mail:

Telephone:

Reason for leaving the property:

You consent that the Confederation should contact your previous landlords on matters of your ability to pay rentals.

E. DETAILS OF OWNER(S)/DIRECTOR(S)

Name(s) of owner(s)/Director(s): Telephone

Address e-mail.....

National ID No (Attach Copy).....

Proof of Residence (Utility Bills-Water or Electricity No) Attached Copy

Are you politically exposed person **Yes** **No**

Name(s) of owner(s)/Director(s): Telephone

Address e-mail.....

National ID No (Attach Copy).....

Proof of Residence (Utility Bills-Water or Electricity No) Attached Copy

Are you politically exposed person **Yes** **No**

F. BUSINESS INTEGRITY

Are you under any investigation for any crime, fraud or corruption: **Yes** **No**

If yes state the nature of the crime:

Has your business been barred from trading with the government or any other government establishment **YES NO** If Yes State Reasons why you were barred.....

G. REFERENCE

Provide details of two business referees. You consent that the Confederation should contact your business referees.

Name: Name:

Contact Person: Contact Person:

Address: Address:

e-mail: e-mail:

Telephone: Telephone:

The Confederation would terminate the tenancy if any of the information provided is found to be incorrect.

H. For use by Management only

Application approved [Y] [N] if **NO**, state reasons

Name: Signature Date:



MALAWI CONFEDERATION OF CHAMBERS OF COMMERCE AND INDUSTRY

TENANCY APPLICATION FORM (for Start Ups ONLY)

A. DETAILS OF BUSINESS

Registered Business Name:

Date of Registration: Registration No:
Attach copy of Registration Certificate

Postal Address:

E-mail address:

Type of Business:

Purpose of Business Place (Selling or Office):

Tax Payer Identification No (TPIN) Attach Copy:

B. BRIEF OF THE BUSINESS IDEA

Provide your business idea and source of competitive advantage

C. DETAILS OF BUSINESS MARKET

State who are your potential customers

D. BUSINESS CAPACITY TO PAY RENTALS

Capital employed:

Expected Monthly Sales:

Attach bank Statement for the previous 1 months

E. FORM OF BUSINESS

State nature of your business Sole Trader Partnership Limited Company

If you are a Limited Company, please provide particulars of Directors below and attach a copy of Proof of Residence like Utility Bills-Water or Electricity for each Director:

Name(s) of owner(s)/Director(s): Telephone

Address e-mail.....

National ID No (Attach Copy).....

Are you politically exposed person Yes No

Name(s) of owner(s)/Director(s): Telephone

Address e-mail.....

National ID No (Attach Copy).....

Are you politically exposed person Yes No

F. BUSINESS INTEGRITY

Are you under any investigation for any crime, fraud or corruption: Yes No

If yes state the nature of the crime:

Has your business been barred from trading with the government or any other government establishment YES NO If Yes State Reasons why you were barred:

G. REFERENCE

Provide details of two business referees. *You consent that the Confederation should contact your business referees.*

Name: Name:

Contact Person: Contact Person:

Address: Address:

e-mail: e-mail:

Telephone: Telephone:

The Confederation would terminate the tenancy if any of the information provided is found to be incorrect.

H. For use by Management only

Stand number recommended Monthly Rental

Application approved [Y] [N] if NO, state reasons

Name: Signature